



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 5757

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                                    | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.        |                                    |
|---|---|--|---|-------------------------------|------------------------------------|
| 10/566,482  | 01/31/2006  | 361                                      | 1634  |                               |                                    |
| <b>APPLICANTS</b><br>Michael Bazylenko, N. Curl Curl, AUSTRALIA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AU05/00552 04/20/2005<br><b>** FOREIGN APPLICATIONS *****</b><br>AUSTRALIA 2004902122 04/21/2004<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>05/30/2006 |   |  |   |                               |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /NARAYAN<br>KAMESHWAR BHAT/<br>Acknowledged Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>AUSTRALIA | <b>SHEETS<br/>DRAWINGS</b><br>10  | <b>TOTAL<br/>CLAIMS</b><br>37 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Michael Bazylenko<br>20 May Gibbs Way<br>French Forest, 2086<br>AUSTRALIA   |   |  |   |                               |                                    |
| <b>TITLE</b><br>Optoelectronic biochip  |   |  |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>630   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                               |                                    |